

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	2					
4	2					
5	2					
6	2					
7	2					
8	2					
9	2					
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45						
46						
47						
48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.	28					
TOTAL CLAIMS	28					

TOTAL IND.		
TOTAL DEP.		
TOTAL CLAIMS		